STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
NOTICE OF TERMINATION FOR BARBER STUDENTS

☐ Student ☐ Apprentice

INSTRUCTIONS	PLEASE TYPE OR PRINT LEGIBLY

1. This form is to be complete for barber or barber apprentices students who have discontinued training or graduated.

2. Mail completed form and license to: Board of Cosmetology and Barber Examiners, P.O. Box 1062, Jefferson City, MO 65102.

LICENSE MUST BE ATTACHED OR TERMINATION WILL NOT BE ACCEPTED.

STUDENT PERSONAL DATA

NAME OF STUDENT

STUDENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME OF SCHOOL/ESTABLISHMENT

SCHOOL/ESTABLISHMENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

TRAINING INFORMATION

DATE SCHOOL DETERMINES STUDENT WITHDREW OR GRADUATED	TOTAL NUMBER OF MONTHS ATTENDED

LIST BELOW THE TOTAL ACCUMULATED HOURS FOR THE ABOVE-NAMED STUDENT IN EACH OF THE SUBJECT AREAS.

SUBJECT	TOTAL HOURS	SUBJECT	TOTAL HOURS
History		Hairstyling	
Professional Image		Mustache and Beard Design	
Bacteriology		Permanent Waving	
Sterilization, Sanitation and Safe Work Practices		Chemical Hair Relaxing and Soft Curl Permanents	
Implements, Tools, and Equipment		Hair Coloring	
Properties and Disorders of the Skin, Scalp and Hair		Hair Pieces	
Treatment of Hair and Scalp		Chemistry	
Facial Massage and Treatments		Anatomy and Physiology	
Shaving		Salesmanship and Shop Management	
Haircutting		State Law	
		TOTAL OF SUBJECT HOURS	

DATE SCHOOL DETERMINED STUDENT WITHDREW/GRADUATED ▶		**TOTAL NUMBER OF MONTHS ATTENDED** ▶	

SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL	NAME OF SCHOOL

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF ____ YEAR ____	**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	